

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
2014 DEC 12 AM 11:39
Office Use Only CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

BLUEGRASS RURAL

ADDRESS (number and street) P.O. BOX 113

Check if different than previously reported. (ACC) MELBER KY 42069

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00567172

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:	<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
	<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
	<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on _____ in the State of _____

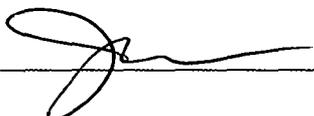
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on 11 04 2014 in the State of Ky

5. Covering Period 10 16 2014 through 11 24 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JEANIE Embry

Signature of Treasurer  Date 12 03 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

2014 NOV 11 AM 11:03

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BLUEGRASS RURAL

Report Covering the Period: From: **10/16/2014** To: **11/24/2014**

W0003 | UNINH | W0014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014	0	0
(b) Cash on Hand at Beginning of Reporting Period.....	3,498.15	
(c) Total Receipts (from Line 19).....	2,140.00	14,095.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5,638.15	14,095.00
7. Total Disbursements (from Line 31).....	5,164.68	13,621.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	473.47	473.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

BLUEGRASS RURAL

Report Covering the Period: From:

10/16/2014

To:

11/24/2014

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

400.00
1,740.00
2,140.00

10,650.00
3,445.00
14,095.00

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

2,140.00

14,095.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

- (b) Levin Funds (from Schedule H5).....

- (c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

2,140.00

14,095.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

2,140.00

14,095.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	14518	33053
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14518	33053
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)	501950	1317250
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	11850
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5,164,68	13,621,53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5,164,68	13,621,53

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	21,400.00	14,095.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21,400.00	14,095.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	145.18	330.53
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	145.18	145.18

ACTION PLAN 4000

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BLUEGRASS RURAL

A. Full Name (Last, First, Middle Initial)
Hardy Linwood

Mailing Address
2529 CANTON Rd

City **Cadiz** State **Ky** Zip Code **42211**

FEC ID number of contributing federal political committee.
C

Name of Employer
RETIRED Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,400.00

Date of Receipt
10 21 2014

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	400.00

1000011000110001

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER C00567172
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>

Full Name of Payee WANO	Date of Public Distribution/Dissemination 10 / 20 / 2014
Mailing Address P.O. Box 823	Amount 262.50
City Middlesboro State Ky Zip Code 40965	Date of Disbursement or Obligation 10 / 16 / 2014
Purpose of Expenditure Radio Ads Category/Type 004	
Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President State: Ky
Calendar Year-To-Date Per Election for Office Sought 7499.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name of Payee WFXy	Date of Public Distribution/Dissemination 10 / 20 / 2014
Mailing Address P.O. Box 823	Amount 262.50
City Middlesboro State Ky Zip Code 40965	Date of Disbursement or Obligation 10 / 16 / 2014
Purpose of Expenditure Radio Ads Category/Type 004	
Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President State: Ky
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	525.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date **12 / 03 / 2014**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 8
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER C00567172
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Manchester Enterprise	Date of Public Distribution/Dissemination 10/20/2014
Mailing Address P.O. Box 449	Amount 300.00
City State Zip Code Manchester Ky 40962	Date of Disbursement or Obligation 10/16/2014
Purpose of Expenditure Radio Ads	Category/Type 004
Name of Federal Candidate Mitch McConnell	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name of Payee Forcht Broadcasting	Date of Public Distribution/Dissemination 10/20/2014
Mailing Address 534 Tobacco Rd.	Amount 375.00
City State Zip Code London Ky 40741	Date of Disbursement or Obligation 10/16/2014
Purpose of Expenditure Radio Ads	Category/Type 004
Name of Federal Candidate Mitch McConnell	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	675.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date **12/03/2014**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 OF 8
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER C00567172
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	MM / DD / YYYY

Full Name of Payee Forcht Broadcasting	Date of Public Distribution/Dissemination 10 / 20 / 2014
Mailing Address P.O. Box 1480	Amount 237.50
City Somerset State Ky Zip Code 42502	Date of Disbursement or Obligation 10 / 16 / 2014
Purpose of Expenditure Radio Ads Category/Type 004	
Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name of Payee WHAY Radio	Date of Public Distribution/Dissemination 10 / 20 / 2014
Mailing Address P.O. Box 69	Amount 375.00
City Whitley City State Ky Zip Code 42653	Date of Disbursement or Obligation 10 / 16 / 2014
Purpose of Expenditure Radio Ads Category/Type 004	
Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	612.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature 

Date **12 / 03 / 2014**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) BLUEGRASS RURAL	FEC IDENTIFICATION NUMBER C00567172
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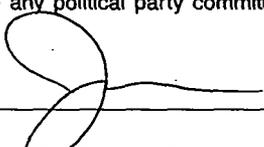
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee WPRT East Ky Broadcasting	Date of Public Distribution/Dissemination 10 / 20 / 2014
Mailing Address P.O. Box 2200	Amount 400.00
City Pikeville State Ky Zip Code 41502	Date of Disbursement or Obligation 10 / 16 / 2014
Purpose of Expenditure Radio Ads Category/Type 004	
Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: Ky
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure Category/Type	
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	400.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date **12 / 03 / 2014**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER C00567172
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Cadiz Record	Date of Public Distribution/Dissemination 10 / 22 / 2014
Mailing Address P.O. Box 1670	Amount 2000
City Cadiz State Ky Zip Code 42211	Date of Disbursement or Obligation 10 / 14 / 2014
Purpose of Expenditure Display ad Category/Type 004	Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: Ky <input type="checkbox"/> President <input checked="" type="checkbox"/> General State: Ky Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Good Neighbor	Date of Public Distribution/Dissemination 10 / 19 / 2014
Mailing Address 3042 A Lone Oak Rd.	Amount 25350
City Paducah State Ky Zip Code 42003	Date of Disbursement or Obligation 10 / 17 / 2014
Purpose of Expenditure Display ad Category/Type 004	Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: Ky <input type="checkbox"/> President <input checked="" type="checkbox"/> General State: Ky Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	45350
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date **12 / 03 / 2014**

11-0014 1 UNIT 1 UNIT 1 UNIT

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

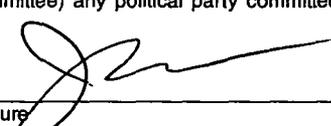
NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER 000567172
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Good Neighbor	Date of Public Distribution/Dissemination 10/26/2014
Mailing Address 3042A Lone Oak Rd.	Amount 253.50
City State Zip Code Paducah Ky 42003	Date of Disbursement or Obligation 10/17/2014
Purpose of Expenditure Display Ad.	Category/Type 004
Name of Federal Candidate Mitch McConnell	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Codia Record	Date of Public Distribution/Dissemination 10/22/2014
Mailing Address P.O. Box 1670	Amount 200.00
City State Zip Code Codia Ky 42211	Date of Disbursement or Obligation 10/16/2014
Purpose of Expenditure Display Ad	Category/Type 004
Name of Federal Candidate Mitch McConnell	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	453.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature:  Date: **12/03/2014**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER C00567172
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Wallingford Broadcasting	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 128 Big Hill Ave	Amount 775.00
City Richmond State Ky Zip Code 40475	Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure Radio Ads Category/Type 004	
Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought 	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee WTCO-Am Commonwealth Broadcasting	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address P.O. Box 1053	Amount 375.00
City Compbellsville State Ky Zip Code 42718	Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure Radio Ads Category/Type 004	
Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought 	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1150.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date M M / D D / Y Y Y Y **12 / 03 / 2014**

1-800-4-A-FEDS

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

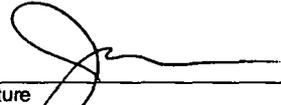
NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER ▼ 00567172
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Heritage Media of Kentucky, Inc.	Date of Public Distribution/Dissemination 10 / 27 / 2014
Mailing Address 2160 BRANDENBURG Rd.	Amount 750.00
City Leitchfield State Ky Zip Code 42754	Date of Disbursement or Obligation 10 / 22 / 2014
Purpose of Expenditure Radio Ads Category/Type 004	Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1,2256.25	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State: Ky <input type="checkbox"/> President <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure Category/Type	Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate State: <input type="checkbox"/> President <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	750.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	5019.50

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date **12 / 03 / 2014**

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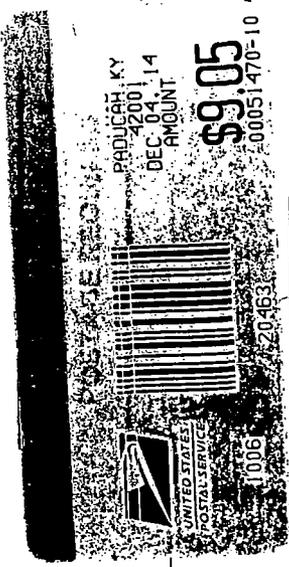
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